

COL John R. Bailey, Deputy Program Manager



2015 Defense Health Information Technology Symposium

Joint Operational Medicine Information Systems Program



"Medically Ready Force...Ready Medical Force"

“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



“Medically Ready Force...Ready Medical Force”

Learning Objectives



- Discuss the evolution and implementation of JOMIS
- Outline the JOMIS mission and FY15 program objectives
- Recognize the program's recent accomplishments
- Describe the importance of the program's alignment with the PEO DHMS
- Discuss the operational activities to support the EHR

Agenda



- JOMIS Mission
- EHR Modernization Guiding Principles
- Operational Medicine: Legacy vs. New
- Operational Medicine Capabilities
- Operational Medicine Footprint Today
- FY15 Objectives & Accomplishments to Date
- Governance & Oversight
- Program Office Structure
- Program Schedule
- Product Evaluation Strategy
- Joint Deployment & Training Plan
- Requirements Development
- Future Priorities

“Medically Ready Force...Ready Medical Force”












The mission of the Joint Operational Medicine Information Systems (JOMIS) Program Management Office (PMO) is to sustain the legacy operational medicine system, while supporting the planning, procurement, training and deployment of the new Electronic Health Record and follow on theater capabilities to DoD expeditionary locations.

Program Office Stand Up:

Established in accordance with the USD(AT&L) Acquisition Decision Memorandum, dated December 23, 2014, the JOMIS Program Office is comprised of the Theater Medical Information Program Joint (TMIP-J) and elements of the Medical Communications for Combat Casualty Care (MC4) Program Office, TMIP-Maritime, TMIP-Marine Corps, and TMIP-Air Force.

EHR Modernization Guiding Principles



-  Standardization of clinical and business processes across the Services and the MHS
-  Design a patient-centric system focusing on quality, safety, and patient outcomes that meet readiness objectives
-  **Flexible and open, single enterprise solution that addresses both garrison and operational healthcare**
-  Clinical business process reengineering, adoption, and implementation over technology
-  Configure not customize
-  Decisions shall be based on doing what is best for the MHS as a whole – not a single individual area
-  Decision-making and design will be driven by frontline care delivery professionals
-  Drive toward rapid decision making to keep the program on time and on budget
-  Provide timely and complete communication, training, and tools to ensure a successful deployment
-  Build collaborative partnerships outside the MHS to advance national interoperability
-  Enable full patient engagement in their health

“Medically Ready Force...Ready Medical Force”

Operational Medicine: Legacy (TMIP-J) vs. New (JOMIS)



	Legacy: TMIP-J	New: JOMIS
Overview	<ul style="list-style-type: none"> TMIP-J is an ACAT IAM with two Increments; TMIP-J Increment 2 has three (3) releases TMIP-J, comprised of 11 existing operational medicine components, will enter into Sustainment in December 2015 	<ul style="list-style-type: none"> JOMIS will be an ACAT IAM with multiple releases JOMIS Initial Release: DHMSM EHR solution + remaining legacy components Subsequent Release(s): Referred to as JOMIS Follow-On; will consist of new DHMSM EHR solution, remaining legacy components, and new Theater follow-on capabilities captured in the follow-on Capability Development Document (CDD)
Requirements & Governance	<ul style="list-style-type: none"> TMIP-J Increment 2 Operational Requirements Document (13 Years Old) Requirements submitted via annual capability packages Split Garrison & Operational Medicine Voices 	<ul style="list-style-type: none"> New Follow-On CDD New Requirements Traceability Matrix tracked to product delivery Single voice of the customer
Program Structure	<ul style="list-style-type: none"> Five (5) separate program offices 	<ul style="list-style-type: none"> One joint Program Office with Legacy and Service Assistant Program Managers working together with Service Infrastructure Offices
Information Flow	<ul style="list-style-type: none"> One way flow from Theater to Garrison 	<ul style="list-style-type: none"> Two way flow inside a single record

“Medically Ready Force...Ready Medical Force”

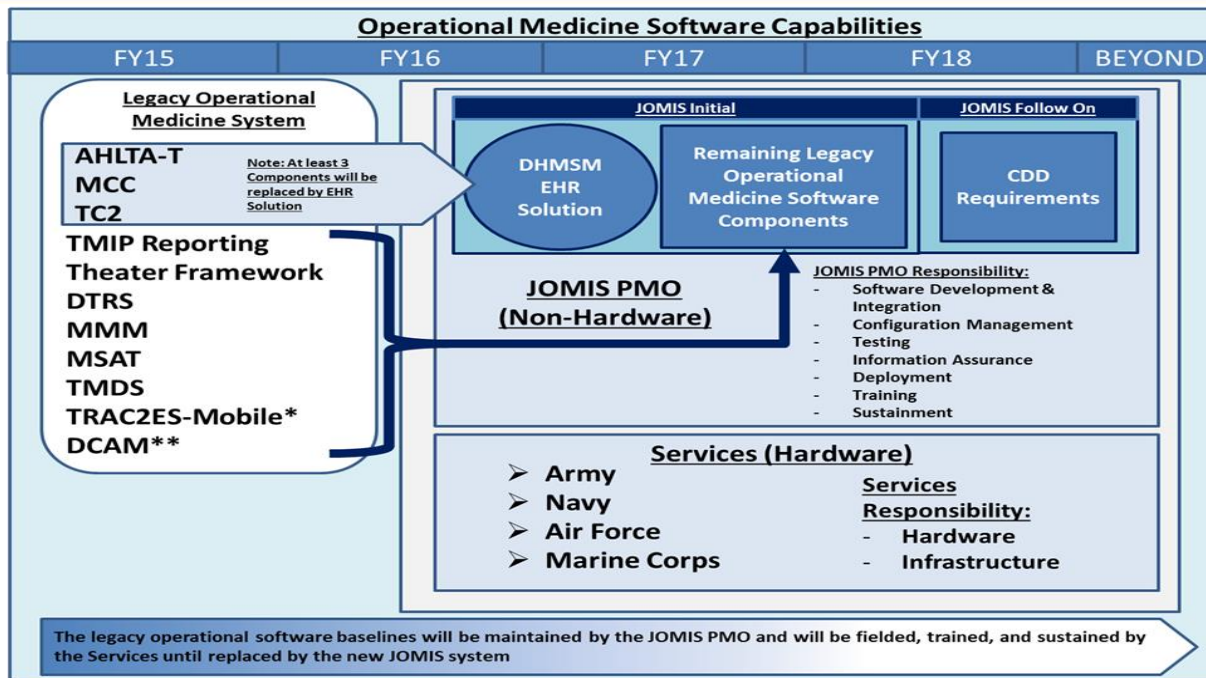
Operational Medicine Capabilities



The JOMIS PMO is responsible for three distinct acquisition efforts for two Major Automated Information Systems:

- TMIP-J, comprised of existing operational medicine capability components, is slated to enter into sustainment in December 2015
- JOMIS PMO will establish the JOMIS system based on EHR capabilities acquired under the DHMSM program integrated with remaining operational medicine capability components
- JOMIS PMO is responsible for acquiring new and improved capabilities in order to fulfill the requirements identified in a new Joint Requirements Oversight Council approved CDD

Operational Medicine Capabilities (Continued)



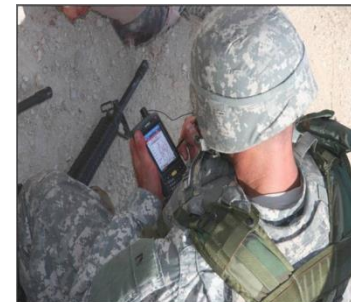
*TRAC2ES Mobile is maintained by U.S. TRANSCOM

**DCAM is funded by the JOMIS PMO and interfaces with medical logistics applications managed under the SDD of the DHA HIT Directorate

“Medically Ready Force...Ready Medical Force”

Operational Medicine Footprint Today

- Operational Locations:
 - ❑ 450+ Forward & Resuscitative Sites
 - ❑ 225 U.S. Navy Ships
 - ❑ 75 Submarines
 - ❑ 2 Hospital Ships
 - ❑ 6 Theater Hospitals
 - ❑ 3 Aeromedical Staging Facilities
- Workload Captured from March 2007 to Present:
 - ❑ Over 9 million Orders of Ancillary Services
 - ❑ Over 7 million Outpatient Encounters



“Medically Ready Force...Ready Medical Force”

FY15 Objectives & Accomplishments

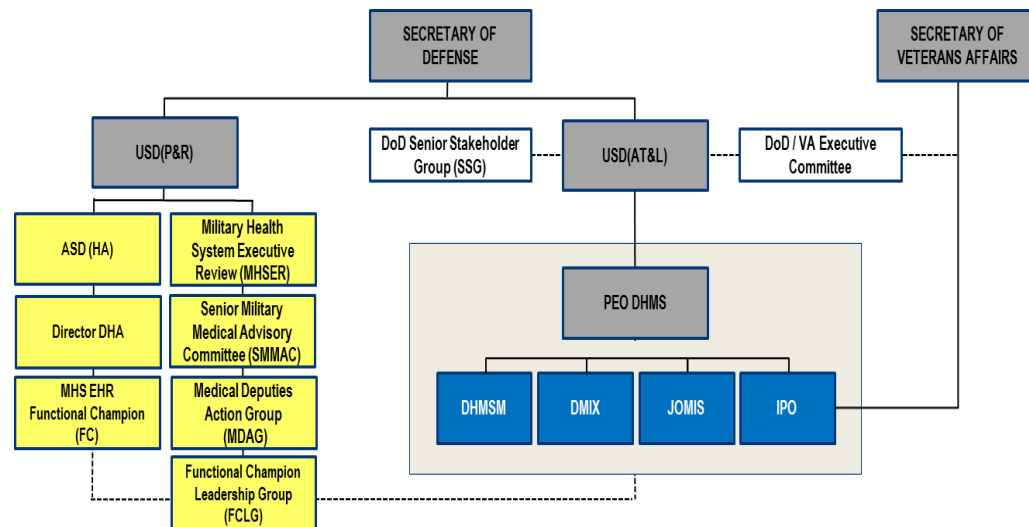


- ✓ Developed JOMIS Program Charter and Transition & Resource Plan
- ✓ Completed Program Office Stand Up
- ✓ Announced Program Manager and Deputy Program Manager selected by Joint Service Board
- ✓ Received USD(AT&L) approval of JOMIS Acquisition Strategy and Program Schedule
- ✓ Obtained authority to proceed with Product Evaluation following DHMSM Contract Award from USD(AT&L)
- ✓ Completed initial Product Evaluation Strategy
- ✓ Theater Medical Information Program – Joint:
 - ✓ Completed System Acceptance Testing for TMIP-J I2R3 (final release)
 - ✓ Began Multi-Service Operational Test and Evaluation for TMIP-J I2R3 for Army, Air Force, and Marine Corps
- ❑ Conduct Product Evaluation immediately following DHMSM Contract Award (In Progress)
- ❑ Begin preparation for Joint Testing with DHMSM for JOMIS Initial Release (In Progress)

Governance and Oversight

The **MHS EHR Functional Champion (FC)** serves as the **Single “Voice of the Customer”**

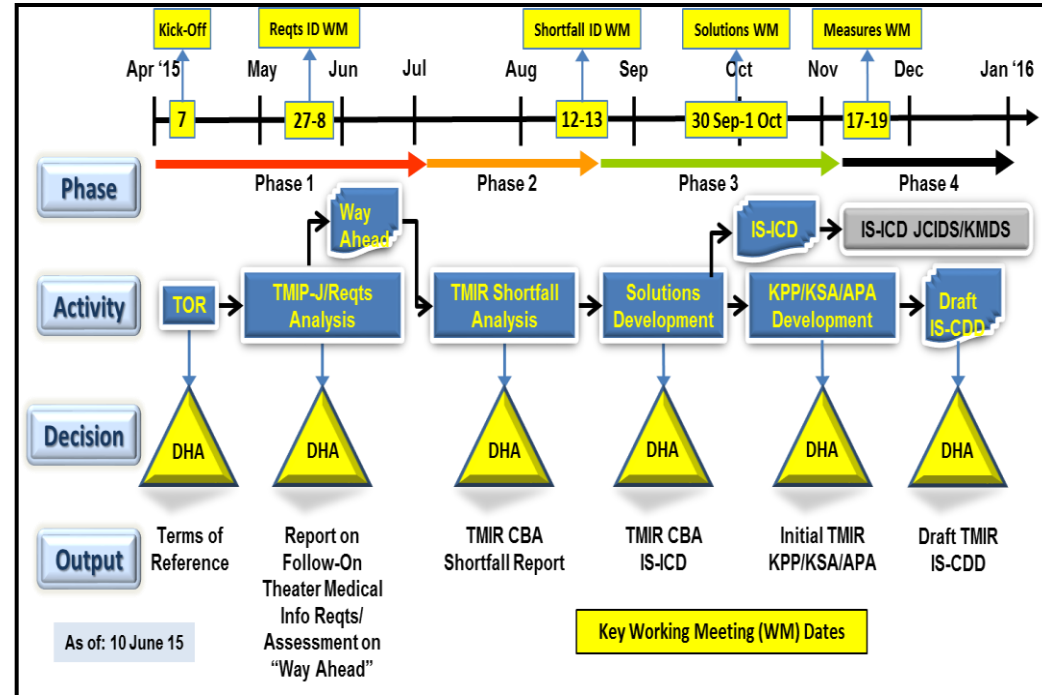
- Communicates issues involving operational medicine requirements, configuration, and implementation to the DHMSM and JOMIS program offices
- Leads the Functional Champion Leadership Group (FCLG) and utilizes the FCLG governance body to:
 - ❑ Consolidate and align requirements related to workflow and performance
 - ❑ Validate operational requirements



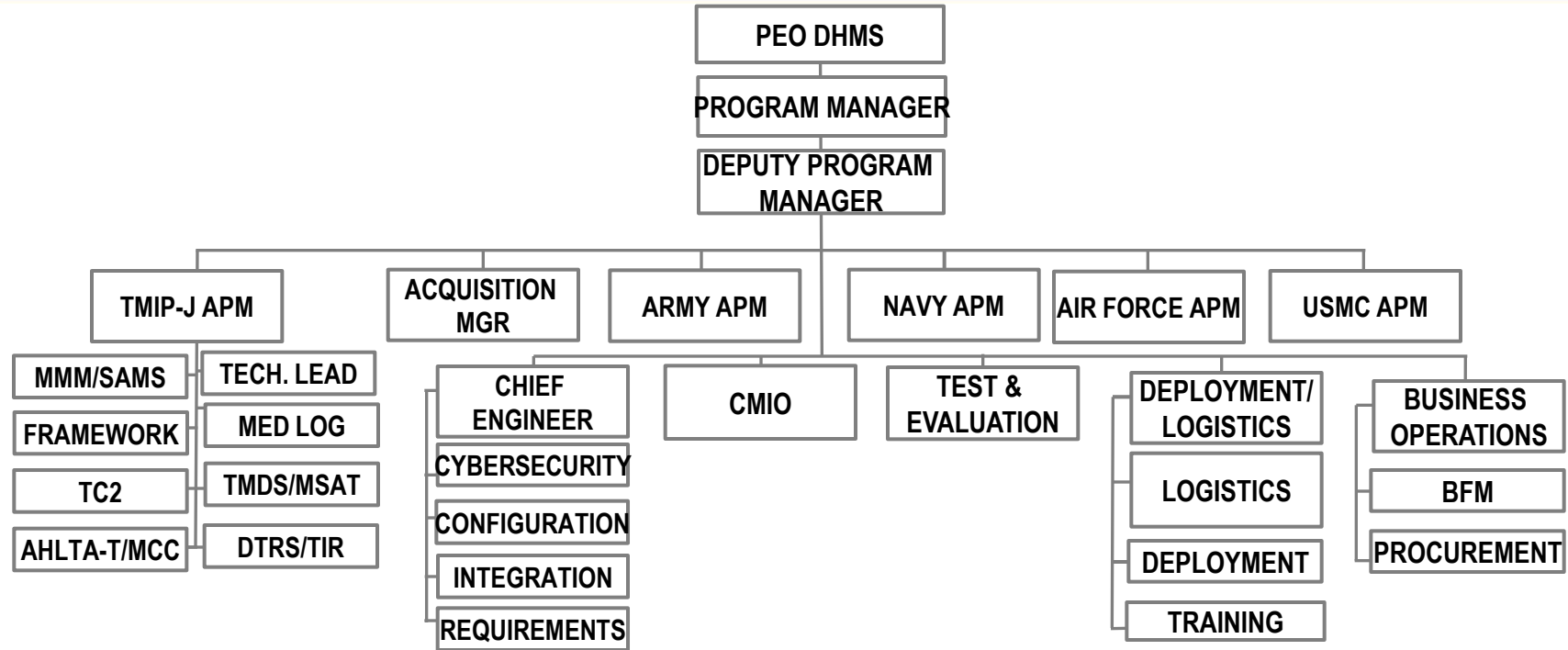
Requirements Development

The new JOMIS PMO in close coordination with the DHMSM program will provide centralized activities in support of common operating software baseline for the Military Health System.

- JOMIS Non-EHR requirements are being gathered and validated using The Joint Capabilities Integration and Development System (JCIDS) formal DoD procedure to define acquisition requirements
- JOMIS will transform the non-EHR requirements into a Statement of Work as part of the Request for Proposal for the JOMIS Follow-On contract



Program Office Structure



“Medically Ready Force...Ready Medical Force”

Product Evaluation Strategy

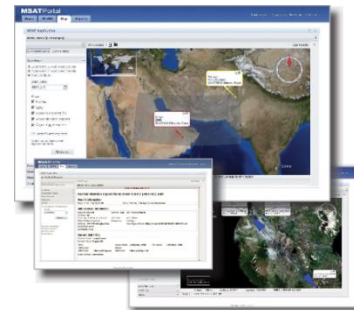


- The Product Evaluation Phase will span Product Evaluation Authority to Proceed (ATP) (4QFY15) to Request for Proposal (RFP) ATP (4QFY16)
- Product Evaluation will be conducted by the JOMIS PMO in collaboration with the DHMSM Program and will include the following activities:
 - Identify of existing operational medicine requirements from approved sources
 - Organize operational medicine requirements utilizing CDD Capability Taxonomy
 - Evaluate the modernized EHR product capability against known, legacy operational medicine requirements
 - Review and validate results with MHS Functional Champion and designated representatives
 - Generate and validate new, non-EHR related operational medicine requirements in JROC-approved CDD, assembled by DHA (Healthcare Operations)
 - Evaluate broader non-EHR requirements captured in CDD

Joint Deployment and Training Plan



- JOMIS is responsible for Deployment, Training, and Sustainment of new operational medicine IT capabilities
 - JOMIS deployment and training strategy consists of 4 models:
 - Pre-planned scheduled training in concert with the DHMSM waves
 - Pre-planned scheduled outside of the DHMSM wave approach
 - Just-in time training prior to deployment; and
 - In-theater training
 - These four models will be utilized concurrently to allow for opportunities to leverage the DHMSM Contract to fullest extent possible
 - JOMIS Joint Deployment and Training Plan is currently in O-6 level staffing
- Services are responsible for all aspects of hardware and infrastructure



Future Priorities



- Establish initial JOMIS release based on DHMSM EHR solution and remaining legacy operational medicine capabilities
- Develop and finalize requirements for JOMIS Follow On capability
- Implement the approved acquisition framework for the JOMIS Follow On Capability
 - ❑ Conduct Industry Days and Market Research
 - ❑ Release Request for Information to Industry
 - ❑ Release Request for Proposal
- Identify efficiencies in cost, schedule, and performance by sun-setting legacy operational medical components ahead of the current schedule

Questions?



“Medically Ready Force...Ready Medical Force”

Evaluations



■ Please complete your evaluations

Program Contact Information



- DoD/VA Interagency Program Office
(703)-588-5661
- Ms. Claire Evans, SES
JOMIS Program Manager
- COL John “Ryan” Bailey
JOMIS Deputy Program Manager